



RELATED TO BUILDING PERMIT # \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**CITY of WILLIAMSBURG APPLICATION FOR TRADE PERMIT**

401 Lafayette Street, Williamsburg, Virginia 23185-3617 (757) 220-6136, Fax (757) 259-3798 OFFICE HOURS 8:00 AM - 4:30 PM

ADDRESS/LOCATION: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_

WORK PERFORMED ON: \_\_\_\_ ONE/TWO FAMILY DWELING \_\_\_\_ THREE OR MORE RESIDENTIAL UNITS \_\_\_\_ COMMERCIAL/INDUSTRIAL

APPLICANT: \_\_\_\_ OWNER \_\_\_\_ CONTRACTOR \_\_\_\_ ARCHITECT/ENGINEER \_\_\_\_ LEASEHOLDER \_\_\_\_ OTHER

CONTRACTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

JOB CONTACT \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_

**\*\* PROOF OF VALID STATE CONTRACTOR/TRADESMEN LICENSES AND LOCAL BUSINESS LICENSE MUST BE PROVIDED AT TIME OF APPLICATION\*\***

STATE REGISTRATION # \_\_\_\_\_ CLASS \_\_\_\_ A \_\_\_\_ B \_\_\_\_ C EXPIRATION \_\_\_\_/\_\_\_\_/\_\_\_\_ WORK CLASSIFICATION \_\_\_\_\_

BUSINESS LICENSE LOCALITY \_\_\_\_\_ NUMBER \_\_\_\_\_ EXPIRATION \_\_\_\_/\_\_\_\_/\_\_\_\_

ELECTRICAL PERMIT #E _____	GAS PERMIT #G _____	MECHANICAL PERMIT #M _____	PLUMBING PERMIT #P _____
____ TEMPORARY SERVICE ____ NEW BUILDING SERVICE ____ AMPS ____ PHASES ____ INCREASE SERVICE ____ AMPS ____ PHASES ADD / REPLACE ____ PANEL ____ EQUIP ADD RECEP/ CIRCUIT / FIXTURES ____ 1-25 ____ 26-50 ____ 51-100 ____ 101-200 ____ OVER 200  NOT DEFINED VALUE \$ _____  VALUE OF JOB \$ _____	____ # OUTLETS/SYSTEMS ____ LP GAS TANKS ____ 0-500 GALLONS ____ 501 + GALLONS  NOT DEFINED VALUE \$ _____  VALUE OF JOB \$ _____	____ NEW CONSTRUCTION GAS / ELEC REPAIR / ADDITION ____ HEAT PUMP/AC ____ TONS ____ FURNACE/BOILER ____ BTU's ____ GAS PAC COMBO ____ BTU's ____ BURNER CONVERSION ____ AIR HANDLING UNIT ____ REFRIGERATION UNITS ____ FIRE DAMPER ____ EXHAUST FAN/AIR DIST BOX ____ PUMPS ____ DUCT WORK   Bldg.SqFt _____ ____ COMM/KITCHEN EX HOOD ____ TYPE I ____ TYPE II NOT DEFINED VALUE \$ _____  VALUE OF JOB \$ _____	____ NEW CONSTRUCTION ____ REPAIR / ADD ____ # OF FIXTURES ____ WATER/SEWER REPLACEMENT ____ LAWN IRRIGATION ____ WATER/SEWER/STORM/FIRE SERVICE LATERAL ____ WELLS (INCLUDING PUMPS) ____ PUMPS (CIRCULATION, SEWAGE)  NOT DEFINED VALUE \$ _____  VALUE OF JOB \$ _____

BRIEF DESCRIPTION OF WORK: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ APPLICANT PRINTED NAME: \_\_\_\_\_